

# ADHS/DBHS QUARTERLY CONTRACTOR PERFORMANCE IMPROVEMENT ACTIVITY REPORT

April 1 2008 through June 30 2008 (Quarter 4)

This is a quarterly report identifying contractor(s) performance and improvement activities related to AHCCCS prescribed Performance Measures. This report separates the Adult System of Care and Children's System of Care performance results.

## ADULT SYSTEM OF CARE

### ❖ INTRODUCTION

- The Quarterly Contractor Open Performance Improvement Initiatives Report includes the following performance measures:
  - Access to Care
  - Coordination of Care
  - Appropriateness of Services
  - Sufficiency of Assessments
  - Access to Care, 7 Day and 23 DayThe 7 Day measure includes data representing performance of the Tribal Regional Behavioral Health Authorities (TRBHAs)

### ❖ DATA SOURCE

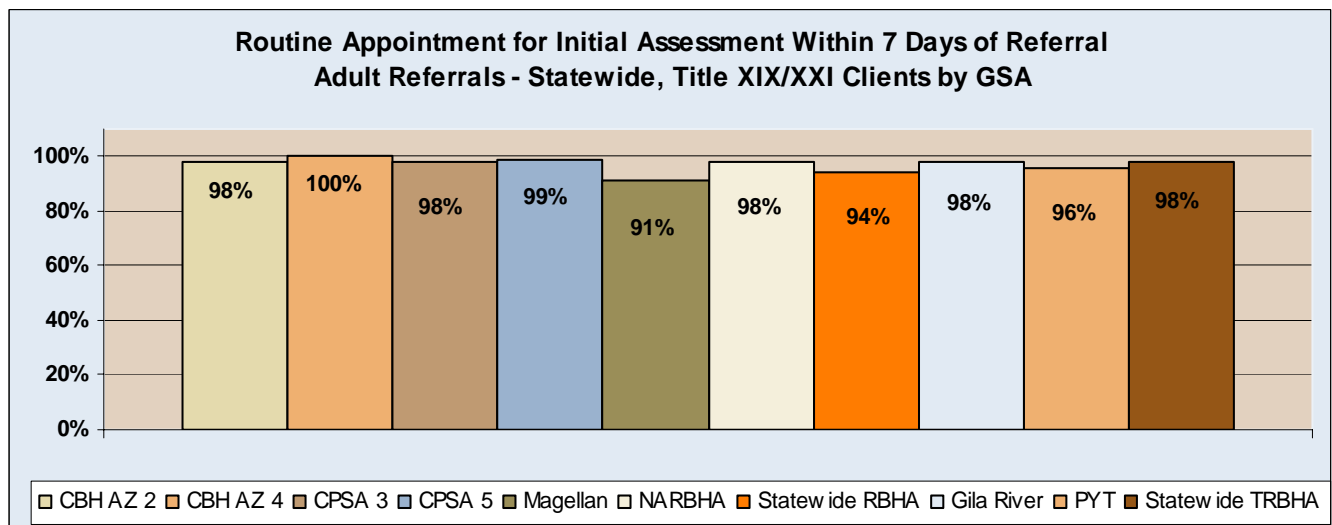
- Data is collected from the Regional Behavioral Health Authorities (RBHAs) by Geographic Service Area (GSA), and child populations to calculate these performance measures.

## MEASURE

### ❖ Access to Care 7-Day

- Measures the percentage of members offered an initial assessment within 7 days of referral. The minimum performance standard (MPS) is 85 percent.

### ❖ FINDINGS

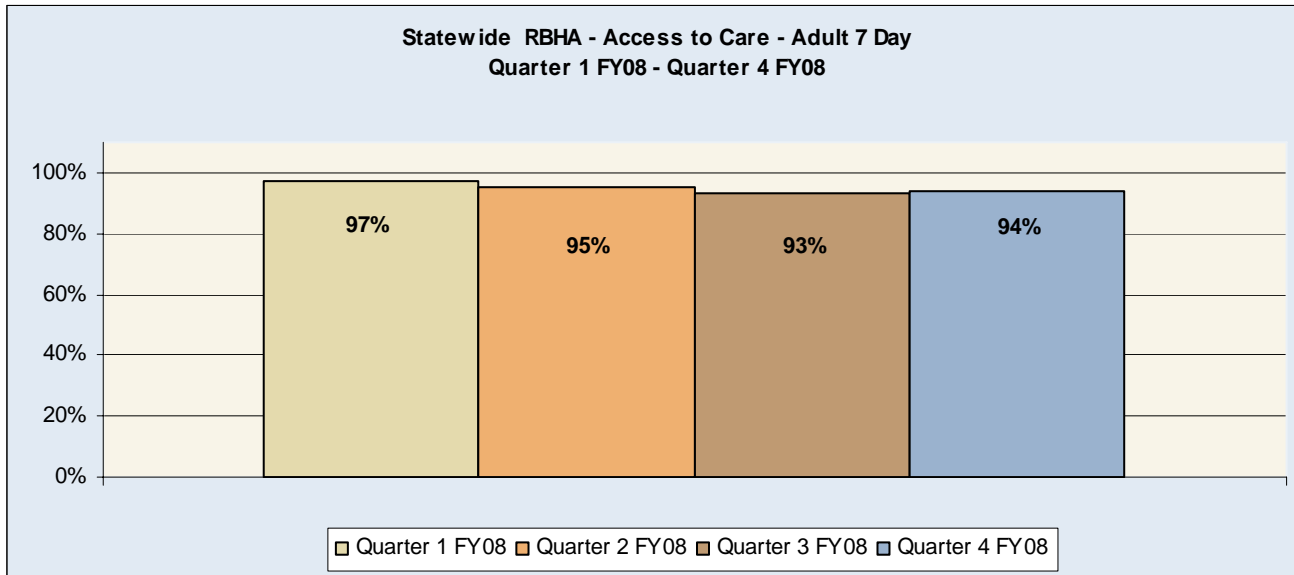


With the exception of Pascua Yaqui Tribe, all T/RBHAs have consistently demonstrated performance scores in excess of the minimum requirement of 85 percent, and most T/RBHAs in excess of the performance goal of 90 percent. For this reason, ADHS/DBHS intends to increase the minimum performance standard (MPS) to 90 percent for the FY09 contract year.

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## ❖ TRENDING & ANALYSIS



Statewide Trending Access to Care 7 Day; T/RBHAs continue to exceed the performance goal of 90 percent.

## ❖ PERFORMANCE IMPROVEMENT INITIATIVES

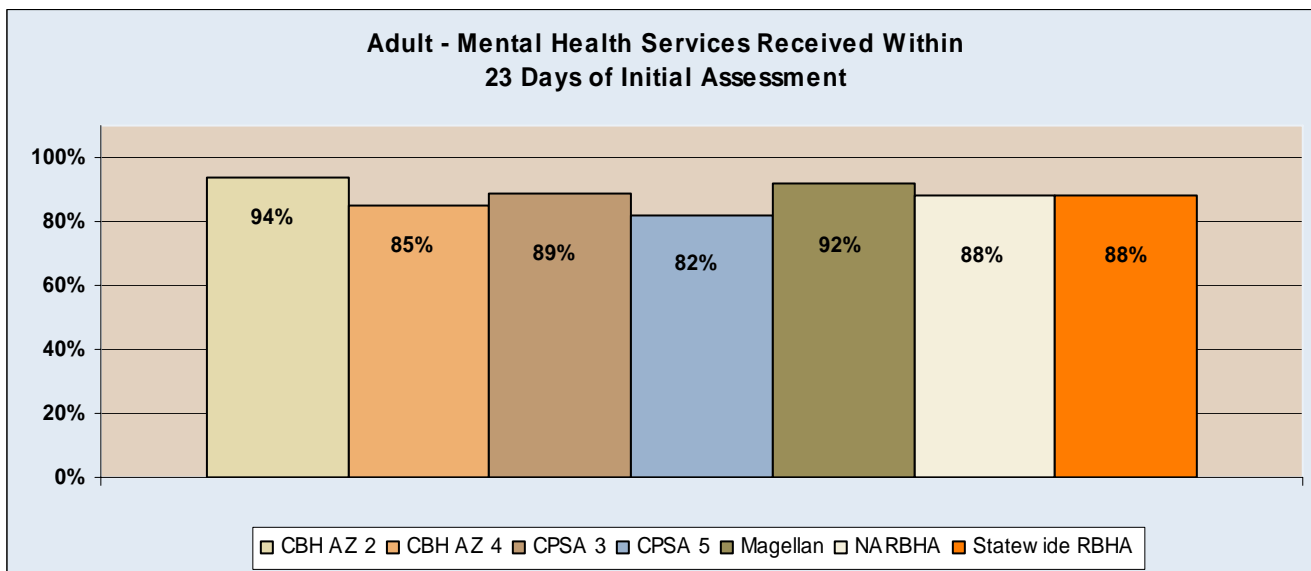
- ADHS/DBHS intends to increase the minimum performance standard, goal, and benchmarks for FY09.

## MEASURE

### ❖ Access to Care 23-Day

- Measures the percentage of adults that received a mental health service within 23 days of initial assessment. The minimum performance standard (MPS) is 85 percent.

## ❖ FINDINGS



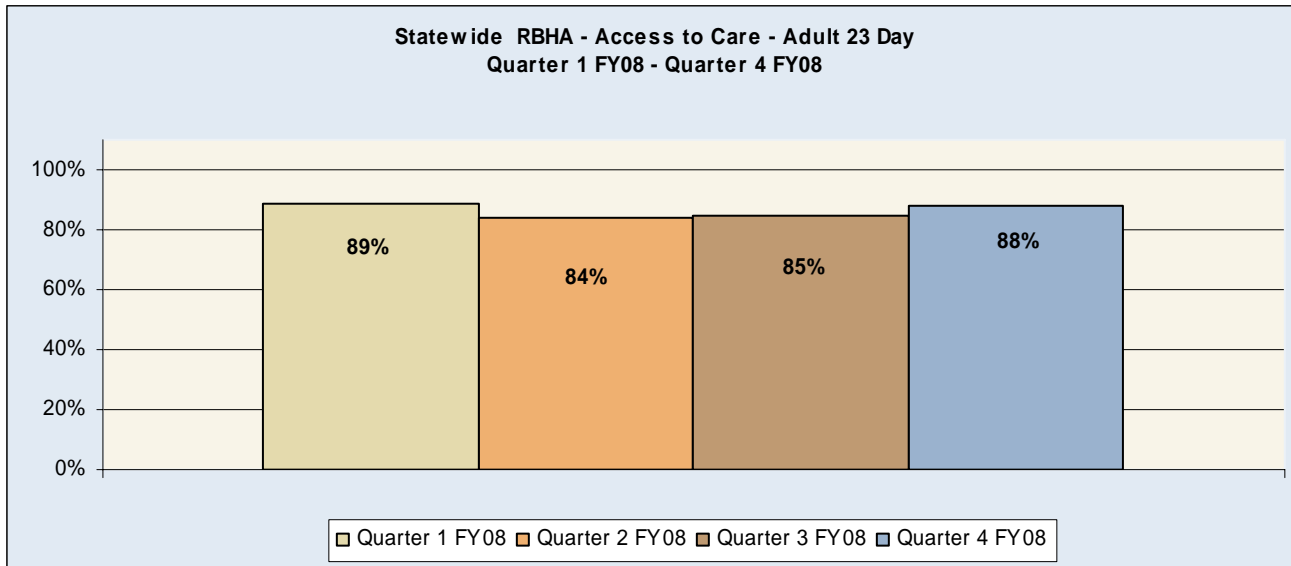
Although performance has improved for the 23 day measure, CPSA 5 continues to demonstrate noncompliance in meeting the 85 percent minimum performance standard for the adult population, achieving 82 percent this

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reporting period, compared to 76 percent last quarter. All other RBHAs met or exceeded the minimum performance standard (MPS).

## ❖ TRENDING & ANALYSIS



Statewide Trending Access to Care 23 Day; All RBHAs met or exceeded the minimum performance standard of 85 percent, with the exception of CPSA 5 at 82 percent.

## ❖ PERFORMANCE IMPROVEMENT INITIATIVES

- 23 Day – This information was presented in the July 23<sup>rd</sup> Quality Management Committee. See action section at the end of this report.

## MEASURE

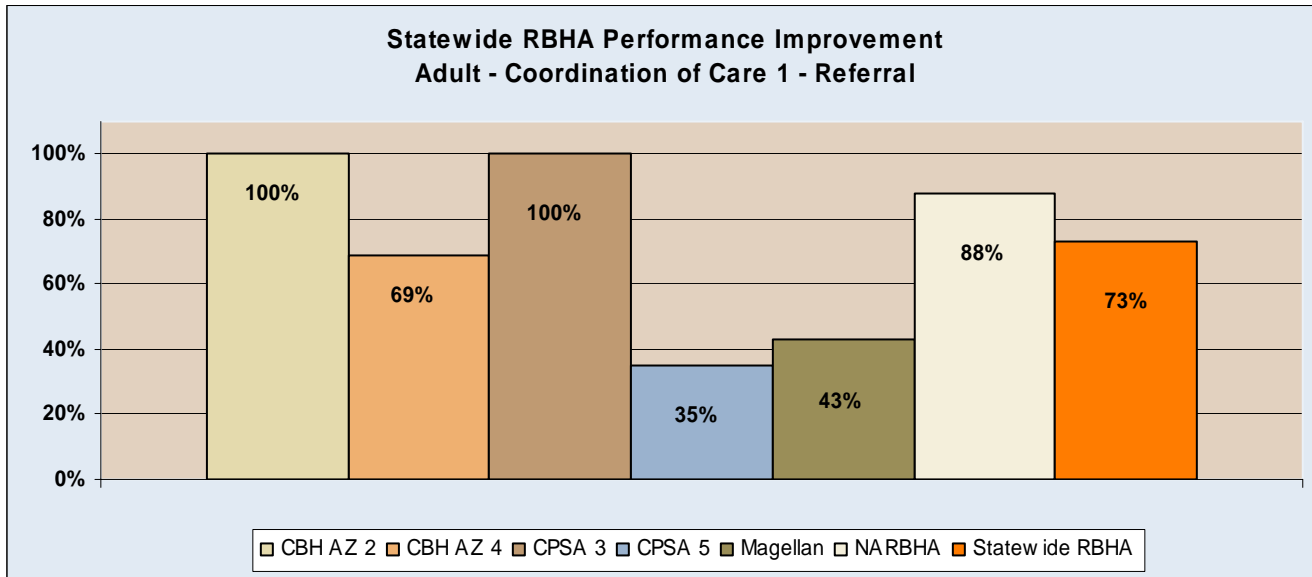
### ❖ Coordination of Care 1 (Referral)

- The disposition of the referral is communicated to the PCP and/or Health Plan within 30 days of the initial assessment or, if services are declined by the referred member, within 30 days of the referral. The minimum performance score for this measure is 80 percent.

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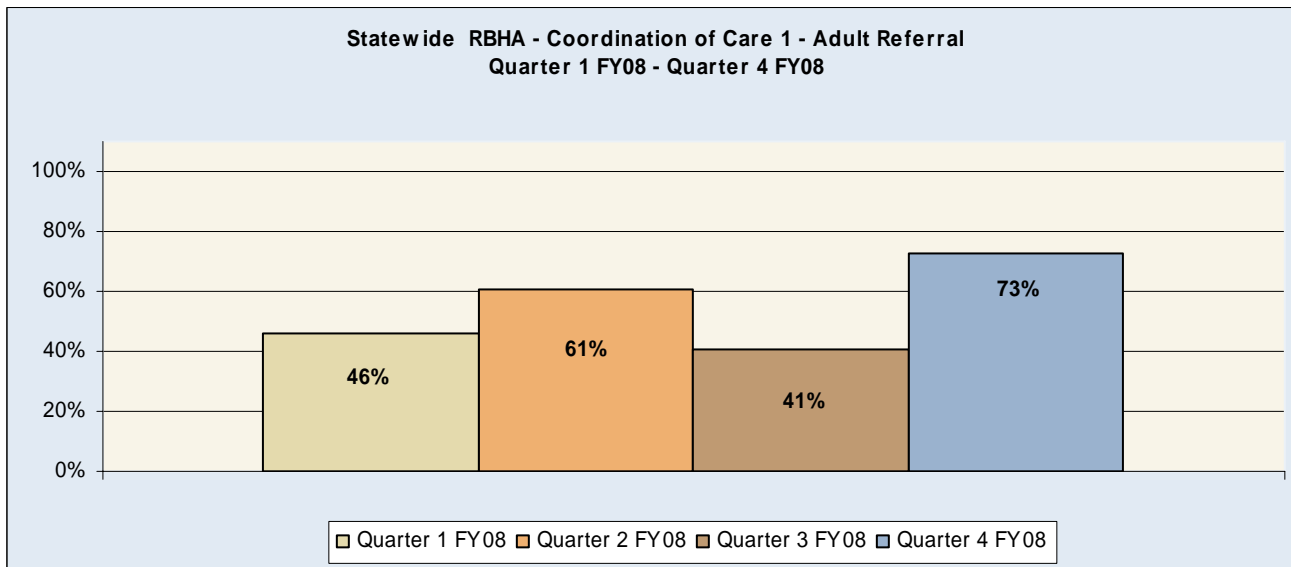
April 1 2008 through June 30 2008 (Quarter 4)

## ❖ FINDINGS



CBH AZ, CPSA 5 and NARBHA exceeded the minimum performance standard (MPS) of 80 percent for COC 1 this reporting quarter. The RBHAs not meeting the minimum performance standard (MPS) this reporting quarter are CBH AZ 4, CPSA 5 and Magellan. Statewide performance in Q408 is 73 percent. While statewide performance remains below the minimum performance standard (MPS) for this measure, Q408 indicates a notable increase in compliance from the 41 percent score reported in Q308. The RBHAs not meeting the minimum performance standard (MPS) this reporting quarter are CBH AZ 4, CPSA 5 and Magellan.

## ❖ TRENDING & ANALYSIS



Statewide Trending Coordination of Care 1; increased technical assistance per ADHS/DBHS policy and procedural requirements in conducting referral coordination evidenced improvement statewide on this measure.

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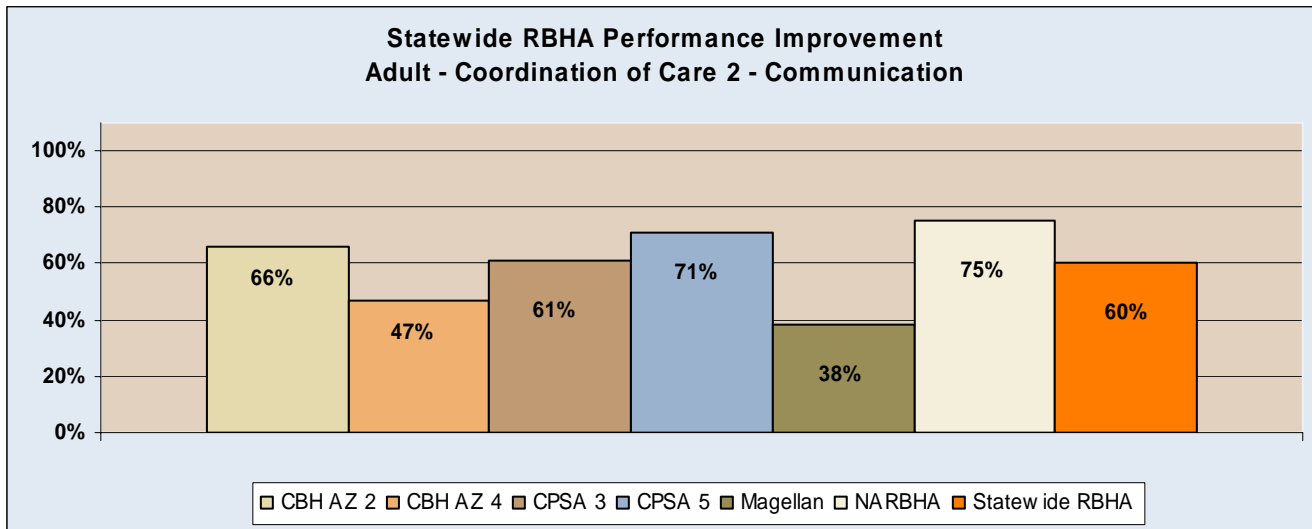
April 1 2008 through June 30 2008 (Quarter 4)

## MEASURE

### ❖ Coordination of Care 2 (Communication)

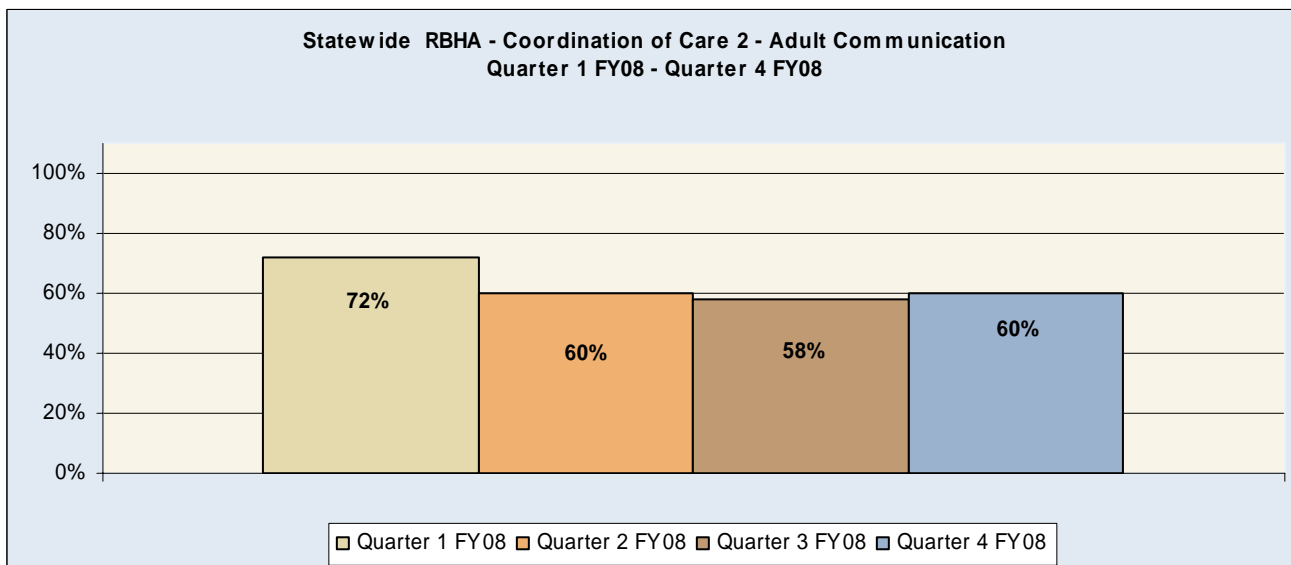
- The behavioral health service providers communicate with and attempt to coordinate care with the adult's acute health plan and/or Primary Care Provider (PCP). The minimum performance score for this measure is 70 percent.

### ❖ FINDINGS



CPSA 5 and NARBHA exceeded the minimum performance standard (MPS) for COC 2 in Q408. All other RBHAs scored low for this standard; with Magellan notably low at 38 percent. These extremely low scores slanted statewide performance which is at 60 percent this quarter.

### ❖ TRENDING & ANALYSIS



Statewide Trending Coordination of Care 2; the most frequently identified area for improvement on this standard pertains to completing PCP Communication within the required timeframes.

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## ❖ PERFORMANCE IMPROVEMENT INITIATIVES

### ➤ Coordination of Care

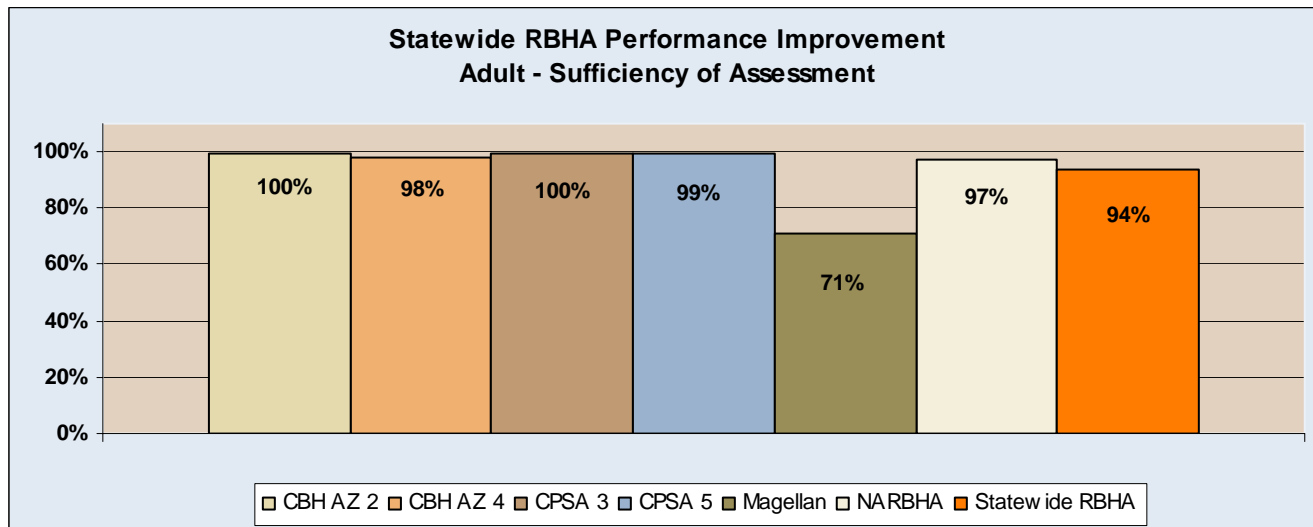
- COC 1 and 2 – This information was presented in the July 23<sup>rd</sup> Quality Management Committee. The committee made a motion to take statewide compliance action related to this standard. The Quality Management/Clinical Subcommittee is scheduled to meet with Compliance, to discuss formal action(s) to be taken.

## MEASURE

## ❖ SUFFICIENCY OF ASSESSMENTS

- Sufficiency of Assessments has a minimum performance standard of 85 percent. This performance is calculated using the ADHS/DBHS Client Information System (CIS) to verify complete demographic submissions for Adult (SMI/GMH/SA).

## ❖ FINDINGS

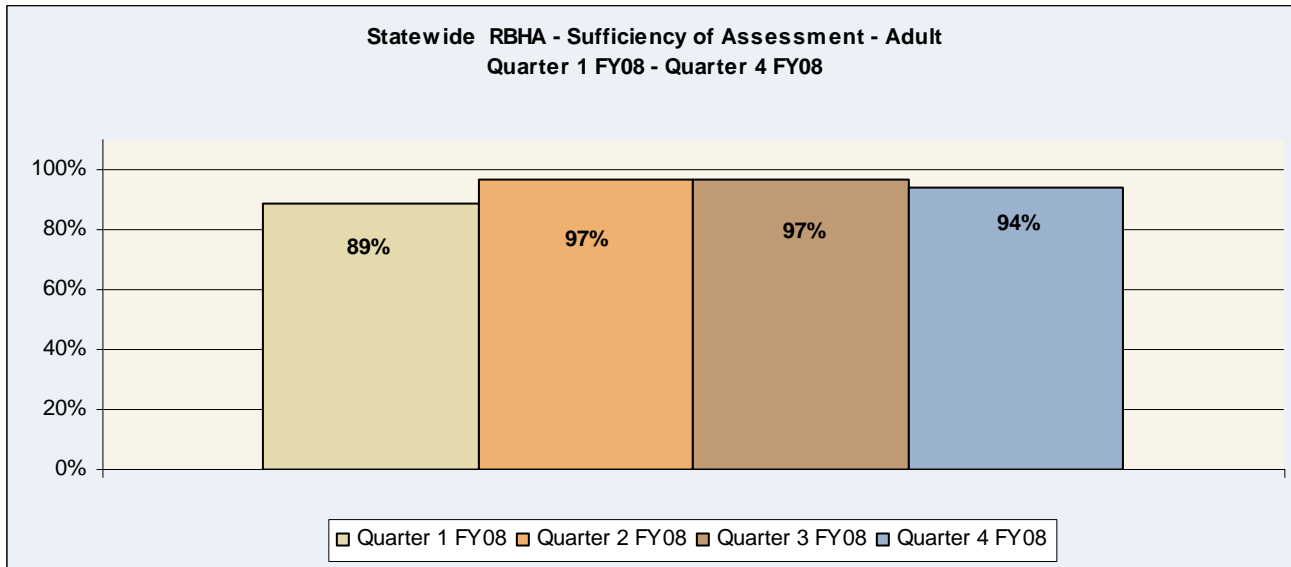


Statewide performance on this measure for the adult population exceeded the minimum performance score of 85 percent, with the exception of Magellan at 71 percent. Statewide performance was 94 percent, a slight decrease in performance from Quarters 1 through 3 of FY08.

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## ❖ TRENDING & ANALYSIS



Statewide Trending Sufficiency of Assessment; Remains above the minimum performance standard (MPS) across FY08

## MEASURE

### ❖ MONITORING & OVERSIGHT 'LOOK BEHIND'

- The ADHS/DBHS Office of Monitoring and Oversight conducts medical record reviews; forty (40) charts per Regional Behavioral Health Authority, consisting of ten (10) records per population: SMI, GMH, SA, and Child. The review for this measure examines whether or not annual updates are occurring for members who have been enrolled in the system over 12 months.

### ❖ FINDINGS

- In reviewing medical record for ongoing assessment updates, it was determined that annual assessment are not being completed and/or updated within the required timeframe. The initial assessment is being completed sufficiently per the scores on this performance measure; an opportunity for improvement is noted in completing annual updates.

## MEASURE

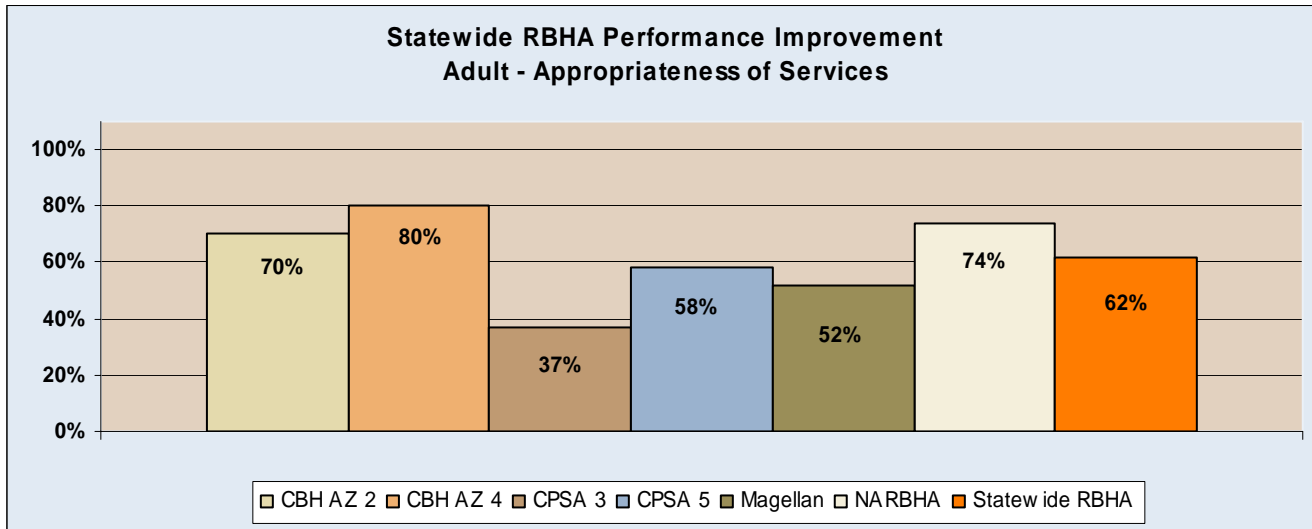
### ❖ APPROPRIATENESS OF SERVICES

- Appropriateness of Services measure has an 85 percent minimum performance standard. The ADHS/DBHS Office of Monitoring and Oversight conducts medical record reviews to calculate this measure.

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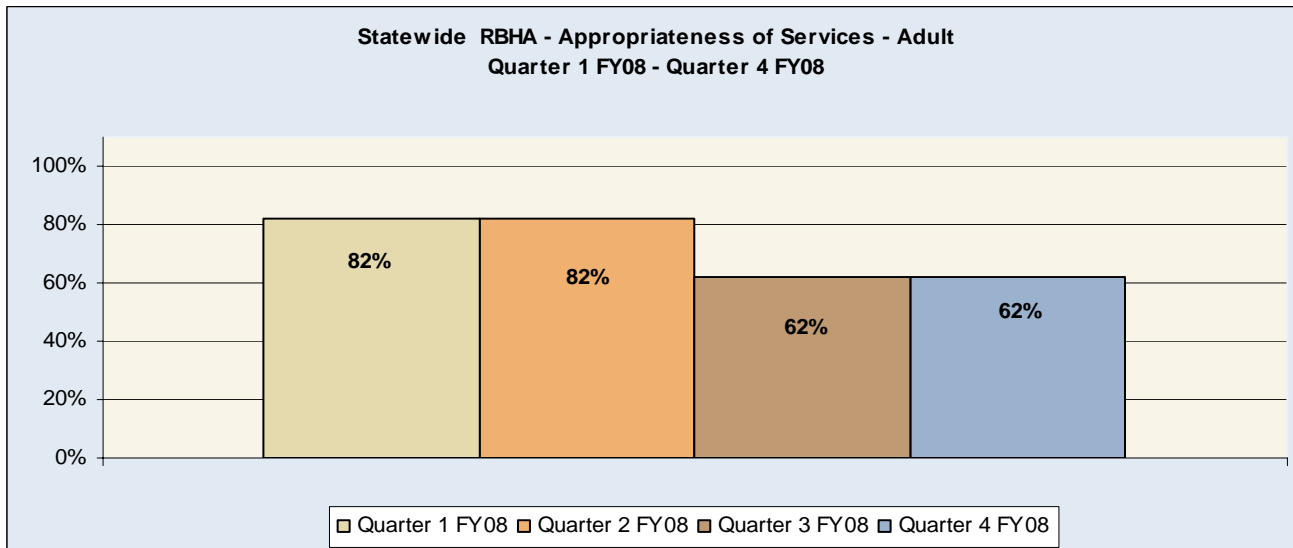
April 1 2008 through June 30 2008 (Quarter 4)

## ❖ FINDINGS



All RBHAs fell below the minimum performance standard (MPS) of 85 percent for this measure. In reviewing the members' medical records for appropriate service provision, it was indicated that while the RBHAs are providing services to their members, the types, frequency, and duration of services are not reflective of the member's assessment and service plan identifying an opportunity for improvement in clinical documentation.

## ❖ TRENDING & ANALYSIS



Statewide Trending Appropriateness of Services; Performance remains at a rate of 62 percent, falling below the 85 percent minimum performance standard (MPS)

## ❖ PERFORMANCE IMPROVEMENT INITIATIVES

- Sufficiency of Assessments and Appropriateness of Service
  - This information was presented in the July 23<sup>rd</sup> Quality Management Committee. The Quality Management/Clinical Subcommittee is scheduled to meet with Compliance, to discuss formal action(s) to be taken.



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## CHILDREN'S SYSTEM OF CARE

### ❖ INTRODUCTION

- The Quarterly Contractor Open Performance Improvement Initiatives Report includes the following performance measures:
  - Access to Care
  - Coordination of Care
  - Appropriateness of Services
  - Sufficiency of Assessments
  - Access to Care, 7 Day and 23 DayThe 7 Day measure includes data representing performance of the Tribal Regional Behavioral Health Authorities (TRBHAs)

### ❖ DATA SOURCE

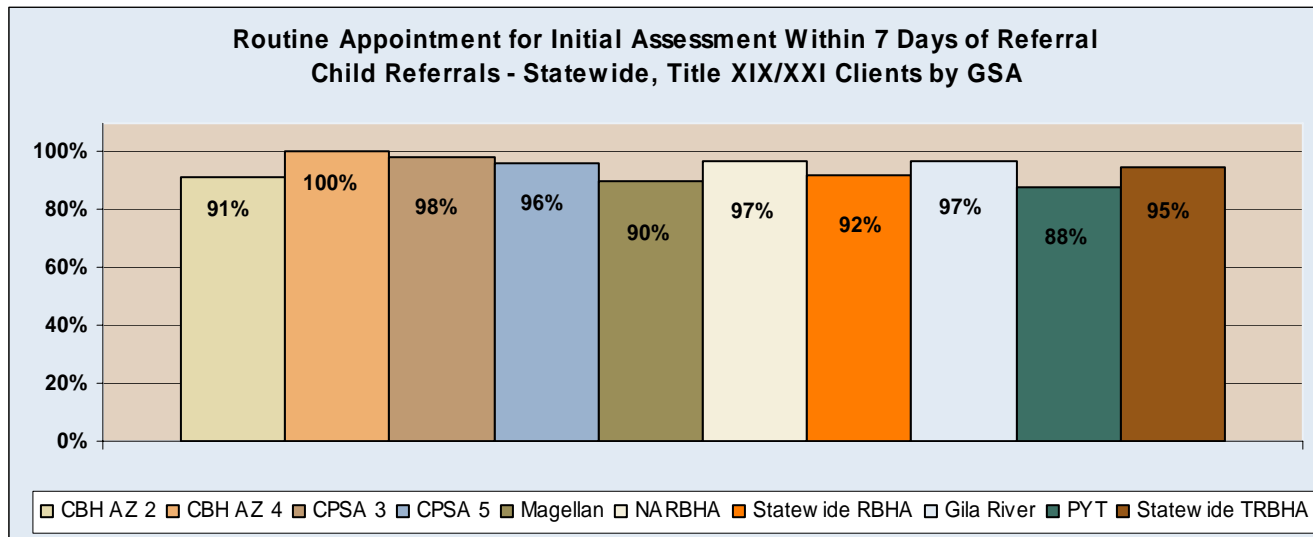
- Data is collected from the Regional Behavioral Health Authorities (TRBHAs) by Geographic Service Area (GSA), and child populations to calculate these performance measures.

## MEASURE

### ❖ Access to Care 7-Day

- Measures the percentage of members offered an initial assessment within 7 days of referral. The minimum performance standard (MPS) is 85 percent.

### ❖ FINDINGS

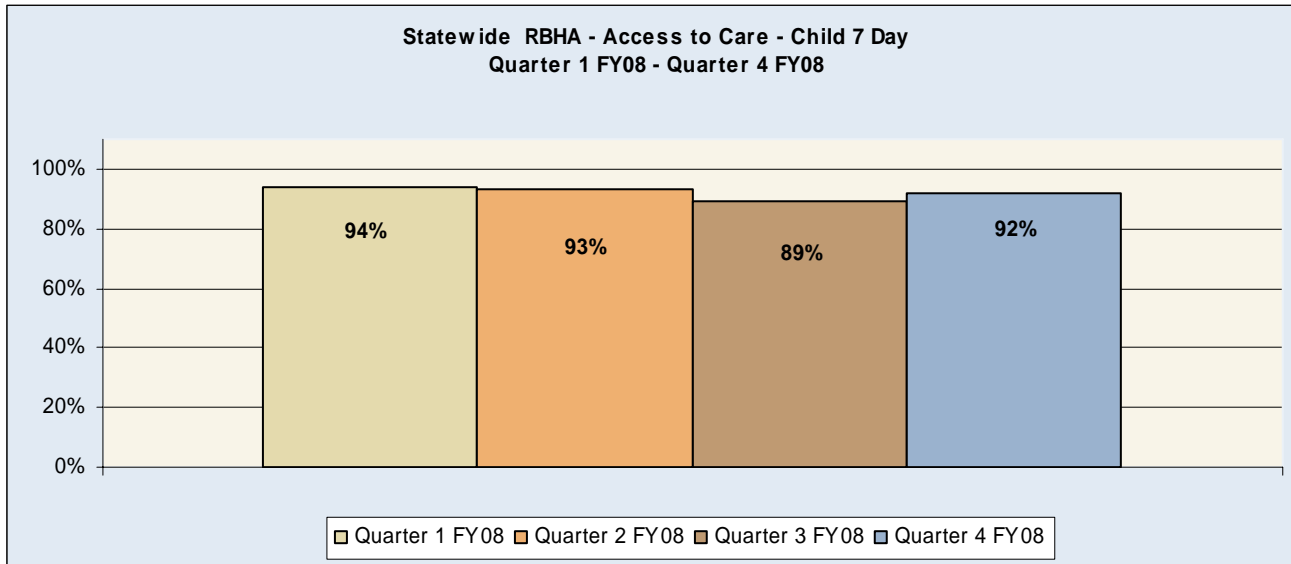


As reported in the Adult section of this report, all have consistently demonstrated high performance scores for the 7 day measure; ADHS/DBHS intends to increase the minimum performance standard (MPS) to 90 percent for the FY09 contract year.

# ADHS/DBHS QUARTERLY CONTRACTOR PERFORMANCE IMPROVEMENT ACTIVITY REPORT

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## ❖ TRENDING & ANALYSIS



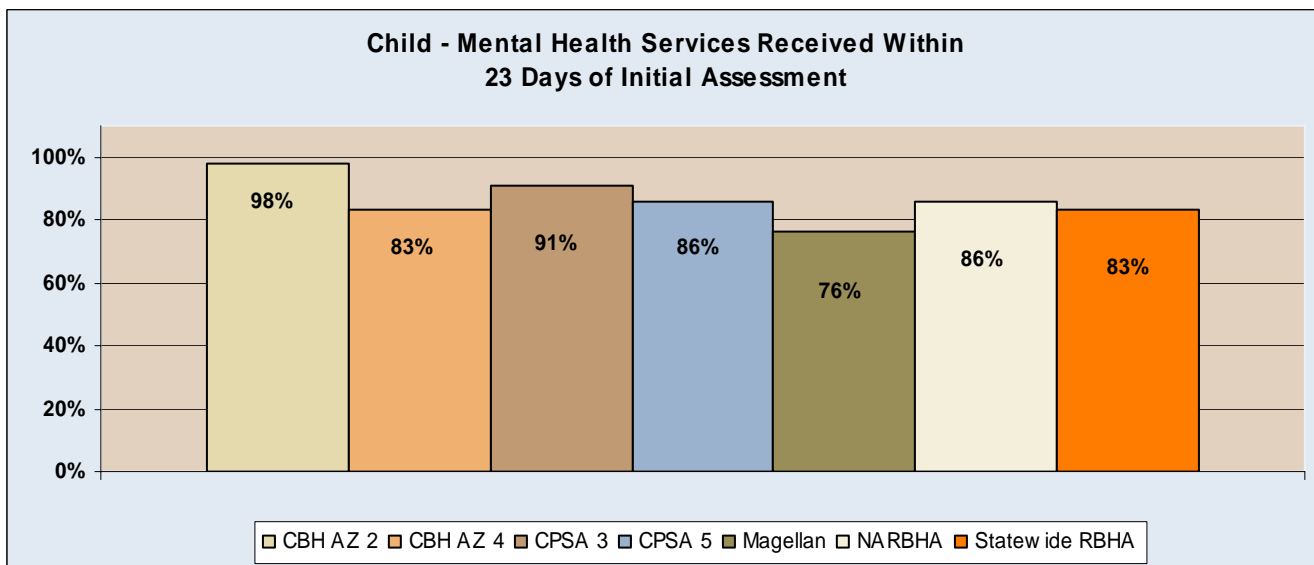
As with the Adult population, performance has been consistently high for the 7 Day measure over FY08. ADHS/DBHS intends to increase the minimum performance standard, goal, and benchmarks for FY09.

## MEASURE

### ❖ Access to Care 23-Day

- Measures the percentage of children that received a mental health service within 23 days of initial assessment. The minimum performance standard (MPS) is 85 percent. Child is age 0 up to 18.

### ❖ FINDINGS

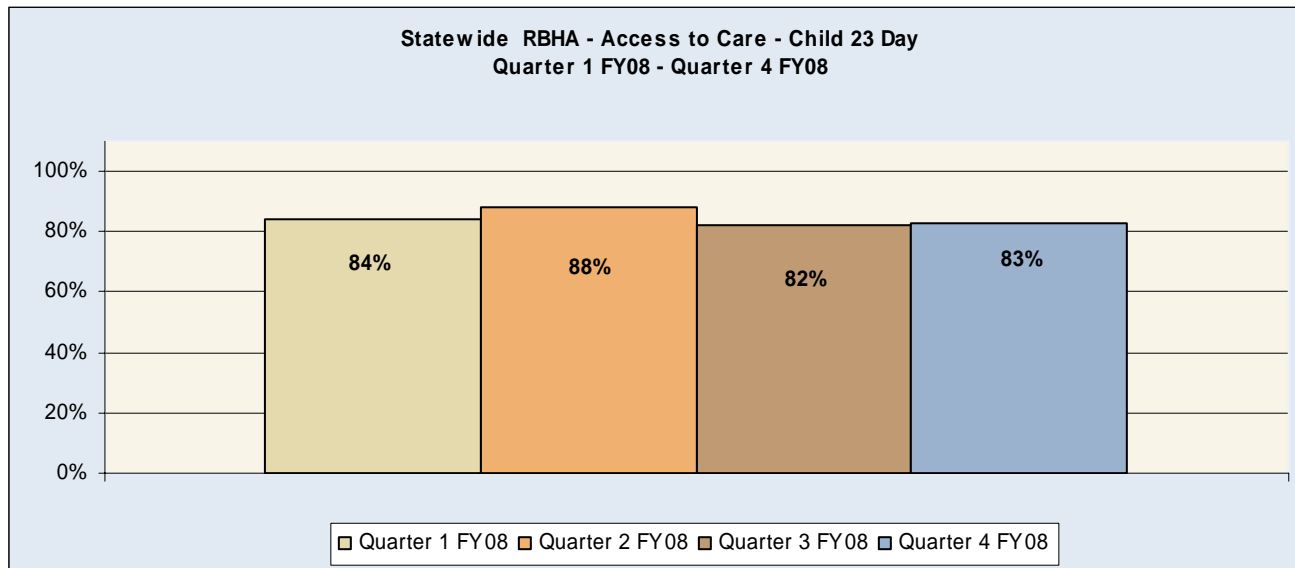


The RBHAs, with the exception of CBH AZ 4 and Magellan, met or exceeded the minimum requirement of 85 percent for the 23 day measure. CBH AZ 4 improved this reporting quarter but is still slightly below the requirement at 83.4 percent.

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## ❖ TRENDING & ANALYSIS



Statewide Trending Access to Care 23 day; the T/RBHAs, with the exception of CBH AZ 4 and Magellan, met or exceeded the minimum requirement of 85 percent for the 23 day measure. CBH AZ 4 improved this reporting quarter but is still slightly below the requirement at 83.4 percent.

## ❖ PERFORMANCE IMPROVEMENT INITIATIVES

- Access To Care
  - 7 Day - ADHS/DBHS intends to increase the minimum performance standard, goal, and benchmarks for FY09.
  - 23 Day – This information was presented in the July 23<sup>rd</sup> Quality Management Committee. See action section below.

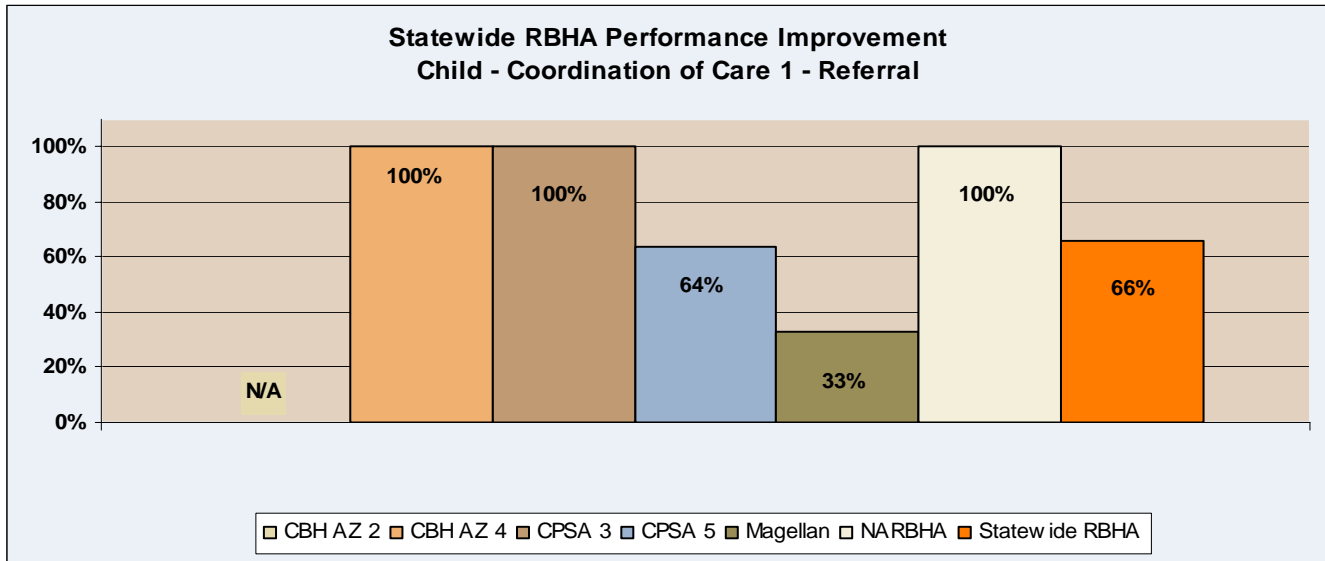
## MEASURE

- ❖ Coordination of Care 1 (Referral)
  - The disposition of the referral is communicated to the PCP/Health Plan within 30 days of the initial assessment or, if services are declined by the referred member, within 30 days of the referral. The minimum performance score for this measure is 80 percent.

# ADHS/DBHS QUARTERLY CONTRACTOR PERFORMANCE IMPROVEMENT ACTIVITY REPORT

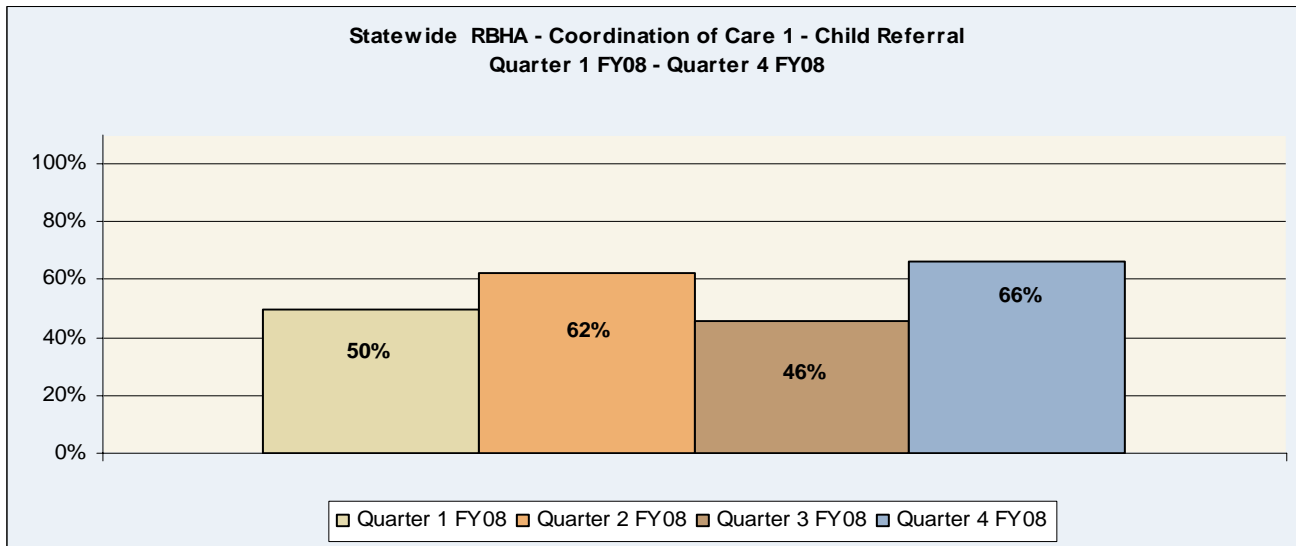
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## ❖ FINDINGS



Statewide performance on COC 1, while below the minimum performance standard (MPS) of 70 percent, improved this reporting quarter to a score of 66 percent, an increase of 24 percent over Q308. Magellan is the identified outlier for this standard, with a score of 33 percent.

## ❖ TRENDING & ANALYSIS



Statewide trending of Coordination of Care 1; increased technical assistance and policy clarification provided to the RBHAs via multiple forums has improved performance on this measure. The RBHAs will be required to plan interventions to not only sustain but surpass the minimum performance standard (MPS) for this measure.

## MEASURE

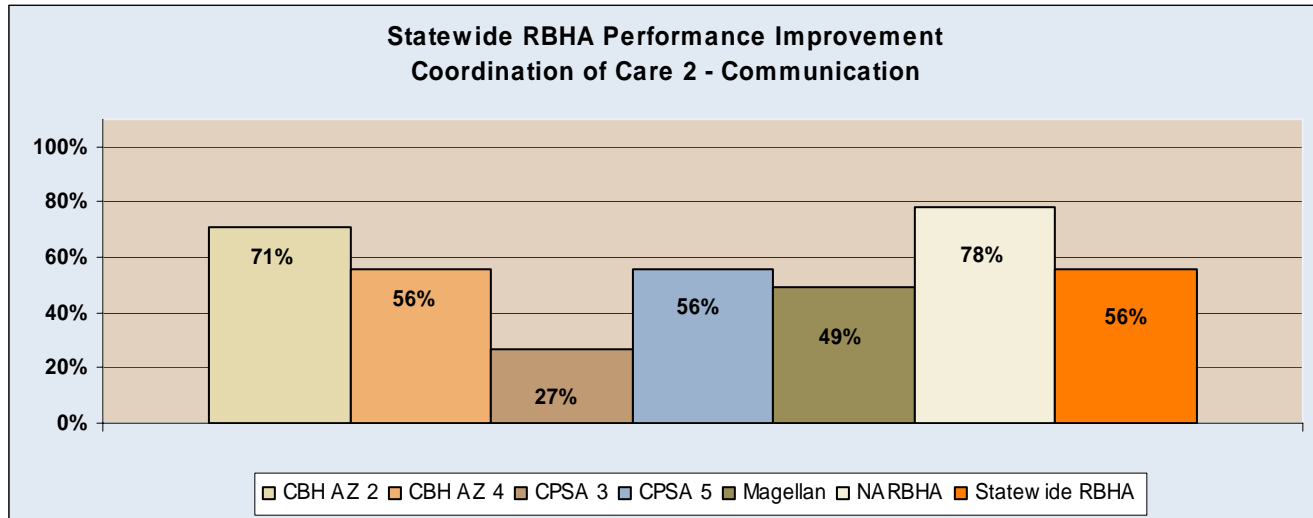
### ❖ Coordination of Care 2 (Communication)

- The behavioral health service providers communicate with and attempt to coordinate care with the child's acute health plan and/or Primary Care Provider (PCP). The minimum performance score for this measure is 70 percent.

# ADHS/DBHS QUARTERLY CONTRACTOR PERFORMANCE IMPROVEMENT ACTIVITY REPORT

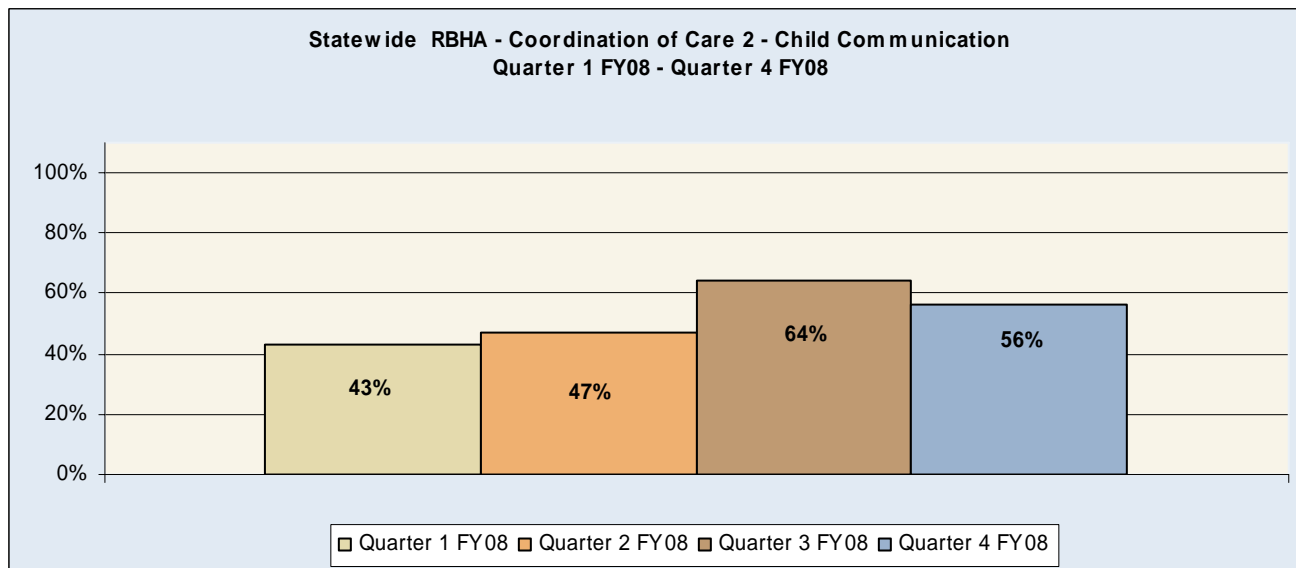
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## ❖ FINDINGS



Statewide performance on COC 2 is below the minimum performance standard (MPS), with a statewide score of 56 percent. While distribution of performance scores yields no one RBHA outlier contributing to poor performance on this standard, it should be noted that both CBH AZ 2 and NARBHA surpassed the minimum performance standard (MPS) of 70 percent, with scores of 71 and 78 percent, respectively.

## ❖ TRENDING & ANALYSIS



Statewide trending of Coordination of Care 2; completion of the communication form to the PCP in a timely manner and identification of member status changes to be reported to the PCP are identified trending and analysis contributing to noncompliance on this standard throughout FY08.

## ❖ PERFORMANCE IMPROVEMENT INITIATIVES

### ➤ Coordination of Care

- COC 1 and 2 – This information was presented in the July 23<sup>rd</sup> Quality Management Committee. The committee made a motion to take compliance action against Magellan and CBH AZ related to this standard. The Quality Management/Clinical Subcommittee is scheduled to meet with Compliance to discuss formal action(s) to be taken.

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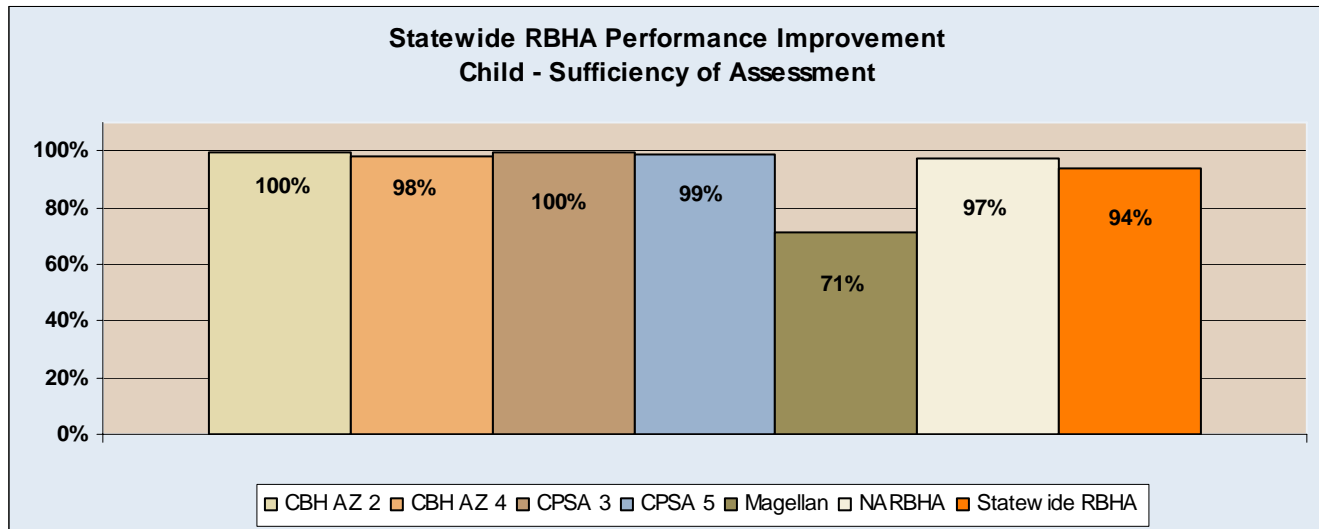
April 1 2008 through June 30 2008 (Quarter 4)

## MEASURE

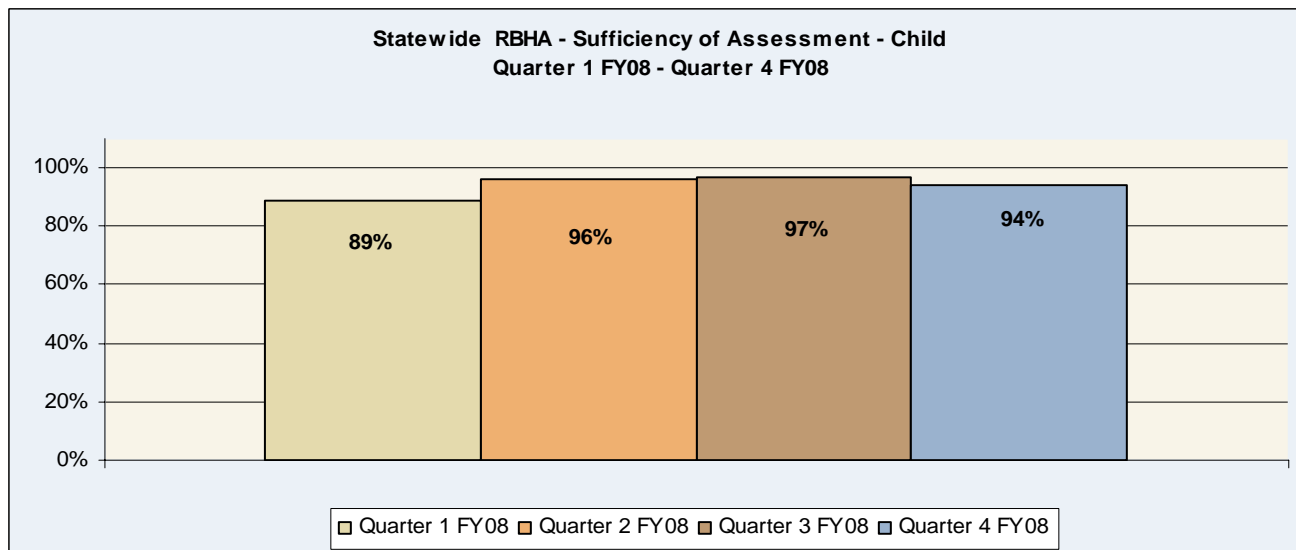
### ➤ SUFFICIENCY OF ASSESSMENTS

- Sufficiency of Assessments has a minimum performance standard of 85 percent. This performance is calculated using the ADHS/DBHS Client Information System (CIS) to verify complete demographic submissions for Child.

### ❖ FINDINGS



### ❖ TRENDING & ANALYSIS



Statewide trending of Sufficiency of Assessments; performance consistently remains above the minimum performance standard (MPS) of 85 percent over FY08.

# ADHS/DBHS QUARTERLY CONTRACTOR PERFORMANCE IMPROVEMENT ACTIVITY REPORT

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## MEASURE

### ❖ **MONITORING & OVERSIGHT 'LOOK BEHIND'**

- The ADHS/DBHS Office of Monitoring and Oversight conducts medical record reviews; forty (40) charts per Regional Behavioral Health Authority, consisting of ten (10) records per population: SMI, GMH, SA, and Child. The review for this measure examines whether or not annual updates are occurring for members who have been enrolled in the system over 12 months.

### ❖ **FINDINGS**

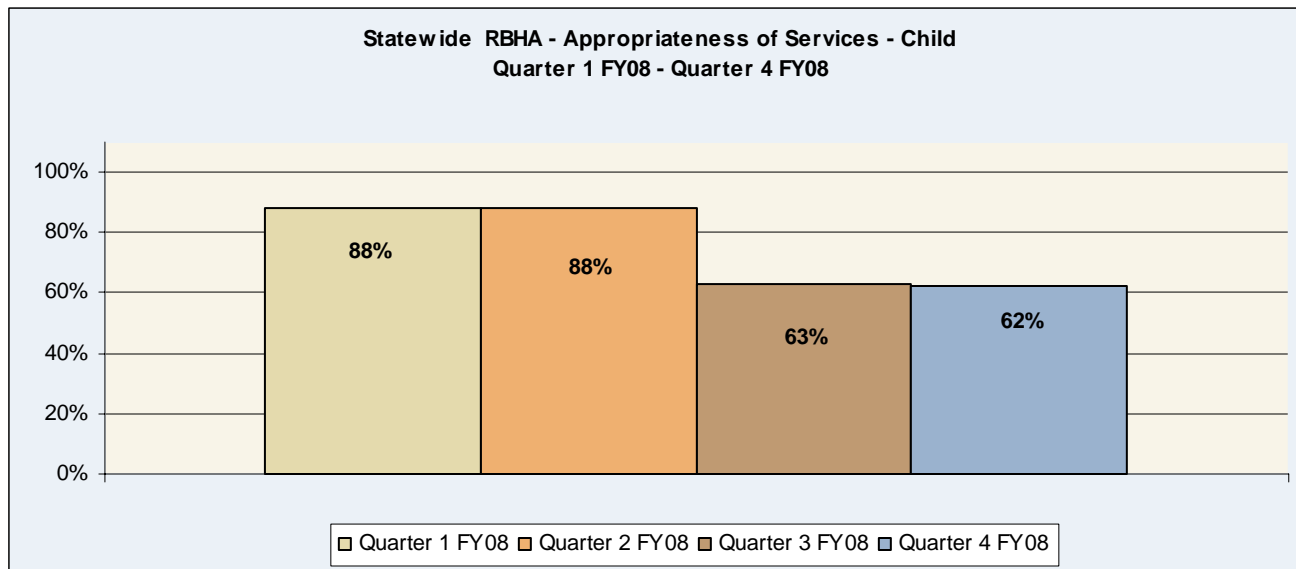
- In reviewing medical record for ongoing assessment updates, it was determined that annual assessment are not being completed and/or updated within the required timeframe. The initial assessment is being completed sufficiently per the scores on this performance measure; an opportunity for improvement is noted in completing annual updates.

## MEASURE

### ❖ **APPROPRIATENESS OF SERVICES**

- Appropriateness of Services measure has an 85 percent minimum performance standard. The ADHS/DBHS Office of Monitoring and Oversight conducts medical record reviews to calculate this measure.

### ❖ **FINDINGS**



Statewide performance on this measure in Q408 reflects a downward trend for the Child population, with an overall score of 62 percent, below the minimum performance standard (MPS) of 85 percent. As reported for Adults, medical record review findings indicate that while the RBHAs are consistently providing services to their members, these services do not always reflect the identified needs of the members as evidenced in their service plans nor the frequency, duration or intensity of services as outlined in the service plans.

# **ADHS/DBHS QUARTERLY CONTRACTOR PERFORMANCE IMPROVEMENT ACTIVITY REPORT**

**April 1 2008 through June 30 2008 (Quarter 4)**

## **PERFORMANCE IMPROVEMENT INITIATIVES**

- ❖ Appropriateness of Service and Sufficiency of Assessments
  - This information was presented in the July 23<sup>rd</sup> Quality Management Committee. The committee made a motion to take compliance action against Magellan and CBH AZ related to this standard. The Quality Management/Clinical Subcommittee met on July 29<sup>th</sup>, with Compliance in attendance, to discuss appropriate action. Additionally, ADHS/DBHS QM is requiring the RBHAs to conduct a root cause analysis to determine ineffectiveness of current interventions.

## **CONCLUSION**

- The methodology used to assess three of the four performance measures contained in this report is new this contract year. As discussed with AHCCCS over the past year, it is ADHS/DBHS' assertion that Regional Behavioral Health Authority performance on Coordination of Care, Appropriateness of Services, and Sufficiency of Assessments are more accurately assessed through the new methodologies rather than the previously used Independent Case Review (ICR). Ongoing assessment and evaluation of system performance and data garnered by the new methodologies indicate that focused medical record reviews, conducted by ADHS/DBHS quarterly, reflect real time performance for direct, timely feedback to the Regional Behavioral Health Authorities, and the use of data in ADHS/DBHS' Member Information System as incorporated into sampling design enables assessment based on a larger member base.
- A year long review of the performance demonstrates the RBHAs did not meet the minimum performance requirements for Coordination of Care 1, Coordination of Care 2, Appropriateness of Services and Sufficiency of Assessment. The medical record review data indicates the RBHAs continue to demonstrate areas that necessitate improvement in the development and implementation of behavioral health assessments and service planning. ADHS/DBHS assesses the RBHAs' improvement activities as reflected in the approved Coordination of Care Corrective Action Plans to target ongoing areas for improvement in each RBHA and statewide. To that end, the RBHAs will be required to develop a comprehensive data collection and analyses plan that will encompass all performance measures. ADHS/DBHS Quality Management Committee, along with the ADHS/DBHS Quality Management Clinical Subcommittee will provide monitoring and oversight of the development of these plans, providing real time technical assistance to the RBHAs.

## **ACTION(S)**

- ADHS/DBHS will be taking compliance action(s) related to the RBHAs who did not meet one or more of the performance measures. The Quality Management/Clinical Subcommittee met on July 29<sup>th</sup> to discuss the appropriate mode of compliance action(s) and/or potential sanctions that may be applied. ADHS/DBHS will include an update regarding actions taken in the Quarter 1 FY09 report.